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CONFIRMATION NO. 9005

SERIAL NUMBER 10/712,600	FILING OR 371(c) DATE 11/13/2003 RULE	CLASS 604	GROUP ART UNIT 3767	ATTORNEY DOCKET NO. MMED-002AUS
APPLICANTS Alan Reid, Keene, NH; ** CONTINUING DATA ***** This application is a CIP of 10/242,976 09/13/2002 PAT 6,755,805 ** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 02/11/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <input type="checkbox"/> Allowance		STATE OR COUNTRY NH	SHEETS DRAWING 11	TOTAL CLAIMS 23
Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>		INDEPENDENT CLAIMS 4		
ADDRESS 022494				
TITLE Needle device having slideable member providing enhanced safety				
FILING FEE RECEIVED 555	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	